



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
of Marriage and Family Therapists

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February 9, 2009

The Honorable Joseph J. Crisco, Jr.
The Honorable Steve Fontana
Co-Chairman
Insurance and Real Estate Committee
Room 2800, Legislative Office Building
Hartford, CT 06106

821

Re: Senate Bill 821

Dear Chairmen Crisco and Fontana:

I am writing on behalf of the American Association for Marriage and Family Therapy (AAMFT), the national professional association representing the professional interests of more than 50,000 Licensed Marital and Family Therapists (LMFTs) throughout the United States. The AAMFT is affiliated with the Connecticut Association for Marriage and Family Therapy (CTAMFT), the association that represents the interests of Family Therapists in Connecticut. The CTAMFT has asked us to provide your committee with comments on Senate Bill 821, the bill that would remove LMFTs from the list of providers recognized by health insurers.

AAMFT strongly opposes Senate Bill 821. We believe that this legislation will harm the citizens of Connecticut by preventing health plan enrollees from obtaining needed mental health services from qualified providers of mental health services. Additionally, this legislation will allow health insurers to remove their current recognition of LMFTs as an eligible class of providers, which will interrupt the provision of needed mental health services by requiring clients of LMFTs to find new providers.

Family Therapists are highly qualified providers of mental health services. Currently, 48 states recognize and license Family Therapists as independent mental health providers. Additionally, a majority of states, including Maine, New Hampshire, Rhode Island, and Vermont, include LMFTs as providers recognized by health plans in statutes that are similar to CGS Sections 38a-488a and 38a-514.

Family Therapists are one of five core mental health disciplines who are recognized by the federal government under the Public Health Services Act. Many federal departments, such as the Department of Veterans Affairs and the Department of Health and Human Services, recognize and reimburse LMFTs as eligible mental health providers. LMFTs are recognized by the Department of Defense as eligible providers in TRICARE program, and as health care providers authorized to provide care to servicemembers in military installations.

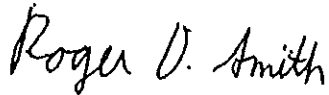
According to the statement of purpose for Senate Bill 821, the goal of this bill is to "reduce the cost of health insurance policies by removing certain providers." However, removing LMFTs as recognized providers will not reduce the cost of health insurance policies. Several state-mandated studies have examined the impact of requiring private health plans to recognize LMFTs as eligible providers. All of these studies have concluded that adding Family Therapists as eligible providers would have little or no impact on health plans. For example, in 2005, the Maine legislature directed the Maine Bureau of Insurance to examine a bill, which was later enacted into law, that would require health plans to reimburse for mental health services provided by Family

Therapists. The Bureau of Insurance concluded that the bill's impact on insurance premiums would be less than 0.01%. Similarly, a 2004 Virginia state-commissioned study found that the total claims for services provided by LMFTs in Virginia was 0% for individual contracts and .01% for group contracts.

Senate Bill 821 is an unnecessary bill that will harm citizens by restricting access to qualified LMFTs. This bill will fail to reduce the cost of health insurance. LMFTs have been listed as eligible providers since 1999 in CGS Section 38a-488a and since 1992 in Section 38a-514 without any complaints from enrollees or health plans. Therefore, we urge the committee to reject Senate Bill 821.

Thank you for the opportunity to comment on this legislation. If you have any questions or need any additional information, please do not hesitate to contact me at (703) 253-0485 or at rsmith@aamft.org.

Sincerely,

A handwritten signature in black ink that reads "Roger D. Smith". The signature is written in a cursive, flowing style.

Roger D. Smith, J.D.

Senior Attorney

American Association for Marriage and Family Therapy

cc: Connecticut Association for Marriage and Family Therapy

Table of Studies of MFT Vendorship and Related Laws

MFT Vendorship Studies					
State	Year of report	Type	Bill/Law	Cost	Explanation
Maine	2005	Report to legislature	LD 27 & 28 (see Me. Rev. Stat. Ann. title 24-A §§ 2744 & 2835	Insurance premium impact less than 0.01% ¹	If MFTs are used instead of more expensive providers, it could result in lower medical costs. ²
Massachusetts	2005	State-mandated report to the legislature	SB 911 & HB 2822 (vetoed by the Governor)	Negligible ³	Except for contracting and credentialing costs, costs would be negligible. Costs would only apply to the one insurer who does not recognize MFTs. ⁴
North Carolina	2003	Legislative report	HB 462, (see N.C. Gen. Stat. § 58-50-30)	No fiscal impact to the state government. ⁵	The North Carolina Department of Insurance, which is responsible for enforcing all mandated provider laws, stated that enforcing a law requiring insurers to recognize MFTs would not have any fiscal impact on the Department. ⁶
Texas	1998	State-mandated report to the legislature	Tex. Ins. Code §§ 1451.104, 1451.116, & 1451.126	Total MFT claims as a percentage of total claims is 0%. ⁷	The total MFT claims as a percentage of the total claims paid by group insurance plans in Texas were 0%, which is the lowest percentage of any of the 12 surveyed mandated professions. ⁸
Virginia	2005	State-mandated report	Va. Code Ann. §§ 38.2-3407 & 38.2-4221	The average percentage of total claims for MFT services in Virginia in 2004 was 0% for individual contracts and .01% for group contracts. ¹⁰ The average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy is \$35.05, which is lower than the \$49.90 average cost per visit for all mandated mental health providers. By comparison, the average claim cost per visit is 27% higher for social workers than for MFTs, 70% higher for psychologists, and almost four times higher for psychiatrists. ¹¹	The average percentage of total claims for MFT services in Virginia in 2004 was 0% for individual contracts and .01% for group contracts. ¹⁰ The average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy is \$35.05, which is lower than the \$49.90 average cost per visit for all mandated mental health providers. By comparison, the average claim cost per visit is 27% higher for social workers than for MFTs, 70% higher for psychologists, and almost four times higher for psychiatrists. ¹¹
Related Studies					
North Carolina	2001	Legislative report	HB 109, which adds MFTs to state employee plan, (see N.C. Gen. Stat. § 135-40.7B)	Will not measurably increase costs. ¹²	The consulting actuaries for the state employees' plan and the legislature both concluded that adding MFTs would not measurably increase costs to the state plan. Any cost increases would be offset through lower professional costs. ¹³
United States	1986	Office of Personnel Management report	NA	The cost of adding additional provider types to the federal employees' health plan would be insignificant. ¹⁴	OPM found that the cost of adding additional provider types, such as clinical social workers, to the federal employees' health plan would be insignificant. There were no adverse consequences to the federal employees' health plan when optometrists and psychologists were added to the plan. ¹⁵

Table of Studies of MFT Vendorship and Related Laws

- ¹ Maine, Maine Bureau of Insurance, *A Report to the Joint Standing Committee on Insurance and Financial Services of the 122nd Legislature: Review and Evaluation of LD 27, An Act to Require That Licensed Pastoral Counselors Be Recognized and Licensed Professionals for Purposes of Insurance Reimbursement, and LD 28, An Act to Require That Mental Health Workers with Family Therapist Licenses Be Recognized as Licensed Professionals for Purposes of Insurance Reimbursement* (Maine Bureau of Insurance, April 2005) 3.
- ² Maine report, 9
- ³ Massachusetts, Division of Health Care Finance and Policy, *Review and Evaluation of Proposed Legislation Related to Marriage and Family Therapy: Senate Bill No. 911 and House Bill No. 2822* (Massachusetts Division of Health Care Finance and Policy, 2005) 9.
- ⁴ Massachusetts report, 9.
- ⁵ Chism, Marilyn, (April 2003) North Carolina General Assembly Legislative Fiscal Note
- ⁶ North Carolina Fiscal Note
- ⁷ Texas, Texas Department of Insurance, *Health Insurance Regulation in Texas: The Impact of Mandated Health Benefits* (Texas Department of Insurance, 1998) 36.
- ⁸ Texas report, 36.
- ⁹ Virginia, State Corporation Commission, *The Financial Impact of Mandated Health Insurance Benefits and Providers Pursuant to Section 38.2-3419.1 of the Code of Virginia: 2004 Reporting Period* (Richmond: Virginia State Corporation Commission, 2005) 37.
- ¹⁰ Virginia report, 36-37.
- ¹¹ Virginia report, 28.
- ¹² Byrd, Sam, (March 2001) North Carolina General Assembly Legislative Actuarial Note, 1.
- ¹³ North Carolina 2001 study, 1.
- ¹⁴ U.S. Office of Personnel Management, *A Study Relating to Expanding the Class of Health Practitioners Authorized to Receive Direct Payment or Reimbursement in Accordance with 5 U.S.C. 8902(k)(1)* (1986) 28.
- ¹⁵ OPM report, 28.